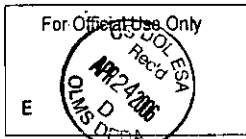


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="10038"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="MICHAEL"/> <input type="text" value="D."/> <input type="text" value="JOHNSON"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1602 STONEHAVEN VILLAGE CIRCLE"/> City <input type="text" value="SPRING"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77386-2270"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="PLUMBERS AFL-CIO LOCAL 68"/> Labor Organization File Number <input type="text" value="039-449"/> P.O. Box, Building and Room Number, if any <input type="text" value="P O BOX 8746"/> Street <input type="text" value="502 LINK ROAD"/> City <input type="text" value="HOUSTON"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77249-8746"/>
5. Position in labor organization. <input type="text" value="COMMITTEEMAN"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text" value="HOUSTON AREA PLUMBING JOINT APPRENTICE COMM"/> Trade Name, if any: <input type="text" value="HAPJAC"/> P.O. Box, Bldg., Room No., if any <input type="text" value="P O BOX 8653"/> Street <input type="text" value="454 LINK ROAD"/> City <input type="text" value="HOUSTON"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77249-8643"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text" value="1-19-2005 CK 20737 PAID TO TCEQ FOR BACKFLOW LICENSE RENEWAL TO CONTINUE INSTRUCTION OF CLASS"/> 7.b. Amount. <input type="text" value="\$105"/>

Signature *Michael D. Johnson*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Michael D. Johnson*

On
Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing MICHAEL JOHNSON

File Number U- 10038

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. BOX 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

INSURANCE ON INSTRUCTOR

7.b. Amount.

\$ 9.00

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. BOX 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

EXPENSE ALLOWANCE WHILE ATTENDING U.A. INSTRUCTOR
TRAINING, ANN ARBOR MICHIGAN 8-6-05, 9-11-05
MEALS OR CLASS MATERIALS NEEDED WHILE
ATTENDING

7.b. Amount.

\$ 450.00

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. BOX 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

AIRFARE TO FLY TO ATTEND U.A. INSTRUCTOR
TRAINING, ANN ARBOR MICHIGAN

7.b. Amount.

\$ 285.00

Name of Person Filing MICHAEL JOHNSON

File Number U- 10038

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APP. COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. Box 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

GRADUATION DINNER WHILE ATTENDING
U.A. INSTRUCTOR TRAINING, ANN ARBOR
MICHIGAN

7.b. Amount.

\$ 37.00

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. Box 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

AUTO RENTAL WHILE ATTENDING U.A.
INSTRUCTOR TRAINING, ANN ARBOR
MICHIGAN

7.b. Amount.

\$ 81.00

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. Box 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77249-8643

7.a. Nature of Interest, Transaction, or Income.

LODGING WHILE ATTENDING U.A.
INSTRUCTOR TRAINING, ANN ARBOR,
MICHIGAN

7.b. Amount.

\$ 662.00

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HOUSTON AREA PLUMBING JOINT APPRENTICES COM.

Trade Name, if any: HAPJAC

P.O. Box, Bldg., Room No., if any P.O. BOX 8653

Street 454 LINK ROAD

City HOUSTON

State TEXAS ZIP Code + 4 77244-8643

7.a. Nature of Interest, Transaction, or Income.

GRADUATION GIFT

7.b. Amount.

\$50.00

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.